

SERIAL NUMBER <div style="text-align: center;">09/078,941</div>	FILING DATE <div style="text-align: center;">05/14/98</div>	CLASS <div style="text-align: center;">137</div>	GROUP ART UNIT <div style="text-align: center;">3753</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">ICUMM.078CP1</div>
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APPLICANT

THOMAS F. FANGROW, MISSION VIEJO, CA; JONATHAN T. SCHMIDT, NEWPORT BEACH, CA; DANIEL J. WAIT, SANTA ANA, CA; DENNIS M. BUI, ORANGE, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/767,587 12/16/96 *ABN*

CJR

****371 (NAT'L STAGE) DATA*******

VERIFIED

CJR none

****FOREIGN APPLICATIONS*******

VERIFIED

CJR none

FOREIGN FILING LICENSE GRANTED 06/08/98

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged <i>CJR</i> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Examiner's Initials Initials </div>	CA	25	39	4

SEE CUSTOMER NUMBER: 020995

MEDICAL VALVE WITH POSITIVE FLOW CHARACTERISTICS

FILING FEE RECEIVED <div style="text-align: center;">\$1,355</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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ADDRESS

TITLE